

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034671

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

544

Registrar's No.

2317

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkwood

Length of stay in 1b

D O A

c. FULL NAME OF (If NOT in hospital, give location)

St Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jefferson

Inside Limits

Yes ☐ No ☐

c. CITY

Arnold

OR TOWN

d. STREET ADDRESS

(If outside, give location)

2148 Lake Drive

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

W. Kenneth Thompson

4. DATE OF DEATH

Month

Day

Year

July 21 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan 31 1917

9. AGE (last birthday)

46

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales Manager

10b. KIND OF BUSINESS OR INDUSTRY

Industriail

11. BIRTHPLACE (City and state or country)

Topaka Kan

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Walter Robert Thompson

13b. MOTHER'S MAIDEN NAME

Nan Lee Decker

14. NAME OF HUSBAND OR WIFE

Flora Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

No

16. SOCIAL SECURITY NO.

8

17. INFORMANT

Flora Thompson 2148 Lake Drive

Address

Arnold Mo

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Electrocution

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Electrocuted while working with electric

20c. TIME OF INJURY

Hour

Month, Day, Year

11:30

7/21/63

drill

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

trailer court

20f. CITY, TOWN, OR LOCATION

Arnold

COUNTY

Jefferson

STATE

Missouri

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond H. Starns Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

7/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

July 23 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Lawrence Kan

24. FUNERAL DIRECTOR

Heiligtag

ADDRESS

Imperial Mo

25. DATE RECD. BY LOCAL REG.

7-22-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Elmer H. Hesteg*

Licensed Embalmer No.

*5571*

P. O. Address

*Imperial*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.